

MAR 13 2015

## SENATE CONCURRENT RESOLUTION

URGING THE REESTABLISHMENT OF THE WORKING GROUP TO EXAMINE  
SOCIAL DETERMINANTS OF HEALTH AND RISK ADJUSTMENT FOR  
MEDICAID, GAP-GROUP, AND UNINSURED INDIVIDUALS.

1 WHEREAS, a person's health is affected by social  
2 determinants of health, which have considerable bearing on the  
3 health of all individuals and the population in general, even  
4 more so than a person's genetic disposition and the traditional  
5 medical care they receive; and

6  
7 WHEREAS, the "County Health Rankings & Roadmaps" report has  
8 found that much of life expectancy and health status is  
9 attributed to social and economic factors (40 percent), health  
10 behaviors (30 percent), and the physical environment (10  
11 percent), leaving only 20 percent to clinical care; and

12  
13 WHEREAS, many individuals are subject to multiple  
14 determinants, or risks, such as homelessness, language barriers,  
15 abuse, unemployment, poverty, and lack of transportation at any  
16 given time; and

17  
18 WHEREAS, social determinants of health complicate the  
19 ability to address individual and community health concerns and  
20 pose challenges to patients and providers in identifying,  
21 assessing, and treating health problems; and

22  
23 WHEREAS, enabling services, which are non-clinical services  
24 designed to address gaps in care by qualified staff from the  
25 community who build relationships and trust with patients, can  
26 reduce social determinants of health barriers and address issues  
27 such as housing, transportation, interpretation, economic  
28 security, and linkage and coordination with providers of other  
29 services, such as education, behavioral health, and employment  
30 services; and  
31



1 WHEREAS, unmet needs for social determinants of health and  
2 other enabling services, including care coordination, often  
3 result in costlier, preventable health care costs such as  
4 hospitalizations and emergency-room utilization; and  
5

6 WHEREAS, traditional health care and payment for health  
7 care do not address social determinants of health related to  
8 language, culture, economic and livelihood security,  
9 environmental quality, transportation, and many other barriers  
10 individuals face to utilize health care services; and  
11

12 WHEREAS, health care costs could be reduced with improved  
13 access to primary care services and risk adjustment for social  
14 determinants of health and other enabling services; and  
15

16 WHEREAS, the Medicaid, gap-group, and uninsured populations  
17 have significant socioeconomic pressures, which if addressed  
18 will result in measurable improvement in preventable health care  
19 costs; and  
20

21 WHEREAS, differences among population groups exist;  
22 therefore, disaggregation of assessment data by race, age,  
23 gender, socioeconomic status, education level, and geography is  
24 vital to addressing social determinants of health; and  
25

26 WHEREAS, the Legislature adopted H.C.R. No. 146, H.D. 1,  
27 during the Regular Session of 2013, establishing a social  
28 determinants of health and risk adjustment working group; now,  
29 therefore,  
30

31 BE IT RESOLVED by the Senate of the Twenty-eighth  
32 Legislature of the State of Hawaii, Regular Session of 2015, the  
33 House of Representatives concurring, that the President of the  
34 Senate and Speaker of the House of Representatives are requested  
35 to reestablish a working group to examine social determinants of  
36 health and risk adjustment for Medicaid, gap-group, and  
37 uninsured individuals; and  
38

39 BE IT FURTHER RESOLVED that the working group include but  
40 not be limited to the following members:  
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- 1 (1) The Insurance Commissioner or the Commissioner's  
2 designee;
- 3
- 4 (2) The Director of Human Services or the Director's  
5 designee;
- 6
- 7 (3) Representatives from health insurance plans within the  
8 State to be chosen by the Director of Health;
- 9
- 10 (4) The President of the Healthcare Association of Hawaii  
11 or the President's designee;
- 12
- 13 (5) The Chief Executive Officer of the Hawaii Primary Care  
14 Association or the Chief Executive Officer's designee;
- 15
- 16 (6) The President of the Hawaii Medical Association or the  
17 President's designee;
- 18
- 19 (7) The Director of Health or the Director's designee;
- 20
- 21 (8) Three members from Hawaii's health care provider  
22 community to be chosen by the Director of Health;
- 23
- 24 (9) Three members from Hawaii's community health centers  
25 to be chosen by the Director of Human Services;
- 26
- 27 (10) One consumer who is enrolled in Medicaid, one consumer  
28 who falls into the gap-group, and one consumer who is  
29 uninsured;
- 30
- 31 (11) The Executive Director of the Hawaii Health Connector  
32 or the Executive Director's designee;
- 33
- 34 (12) The Coordinator of the Governor's Healthcare  
35 Transformation Office or the Coordinator's designee;
- 36
- 37 (13) The chairs of the House and Senate Health and Human  
38 Services committees; and
- 39
- 40 (14) The Chief Executive Officer of the Office of Hawaiian  
41 Affairs or the Chief Executive Officer's designee; and  
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1 BE IT FURTHER RESOLVED that the Healthcare Transformation  
2 Office Coordinator, in partnership with the Legislature, is  
3 requested to provide a facilitator for the working group; and  
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5 BE IT FURTHER RESOLVED that the working group is requested,  
6 at a minimum, to examine the following:  
7

- 8 (1) Enabling services and payment for these services;  
9
- 10 (2) Care coordination efforts, including which settings  
11 offer care coordination, who employs care  
12 coordinators, whether health plans pay for on-site or  
13 off-site coordination, whether there are any  
14 standardization of care coordination efforts with  
15 hospitals, and the transition of care from hospital to  
16 the community setting;  
17
- 18 (3) The structure of incentives provided by the State to  
19 health plans, and a determination of whether the  
20 incentives align effectively with providers;  
21
- 22 (4) The effectiveness of health plan coordinated and  
23 managed behavioral health services, substance abuse  
24 treatment, and pain management;  
25
- 26 (5) The management of risk pools and the collaboration and  
27 shared information of these risk pools between plans  
28 and providers;  
29
- 30 (6) Value-added services that are offered in health care  
31 homes, including engaging community, cultural  
32 proficiency, workforce and job training, and care-  
33 enabling services, identifying the settings where  
34 these services are offered, and identifying whether  
35 the State incentivizes these services;  
36
- 37 (7) The risk adjustment systems identifying medical  
38 complexity and social determinants that need to be  
39 improved or adopted to ensure patients receive  
40 necessary care and that performance-based incentives  
41 for providers are fair;  
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(8) Risk adjustment between the State and health plans, including high-risk patients with behavioral conditions and the early onset of chronic disease, particularly for Native Hawaiians and other high-risk populations;

(9) How other states are implementing comprehensive approaches to Medicaid and health insurance exchange risk-adjustment practices that incorporate medical and social risk factors; and

(10) The benefit package for gap-group and Medicaid enrollees and an analysis of their needs, including social determinants of health, enabling services, and reimbursement rates from the State and health plans; and

BE IT FURTHER RESOLVED that the working group is requested to submit a preliminary report of its findings and recommendations, including any proposed legislation, to the Legislature no later than 20 days prior to the convening of the Regular Session of 2016, and a final report to the Legislature no later than 20 days prior to the convening of the Regular Session of 2017; and

BE IT FURTHER RESOLVED that the working group be subject to chapter 92, Hawaii Revised Statutes; and

BE IT FURTHER RESOLVED that the working group cease to exist on June 30, 2017; and

BE IT FURTHER RESOLVED that certified copies of this Concurrent Resolution be transmitted to the Governor, Director of Human Services, Director of Health, Director of Commerce and Consumer Affairs, Healthcare Transformation Coordinator, Insurance Commissioner, Healthcare Association of Hawaii, Hawaii Primary Care Association, Hawaii Medical Association, and Executive Director of the Hawaii Health Connector.

OFFERED BY:

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*9/1/12*



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